

REQUEST FOR PUBLIC RECORD

Name _____

Address _____

City/State/Zip _____

Phone _____

Date _____

I request the right to:

Check appropriate boxes

- ☐ **1. Inspect record.**
- ☐ **2. Make a memorandum, abstract or handwritten copy of record.**
- ☐ **3. Receive a copy made by Calhoun County, Michigan for a charge
(.15/copy; .25/copy time).**

Describe record sufficiently to enable the county to find the record:

I recognize my right to obtain the requested public record within five (5) business days after the date the request is received, and do expressly waive the right to allow for a reasonable time for the public body to process my request.

SIGNED: _____